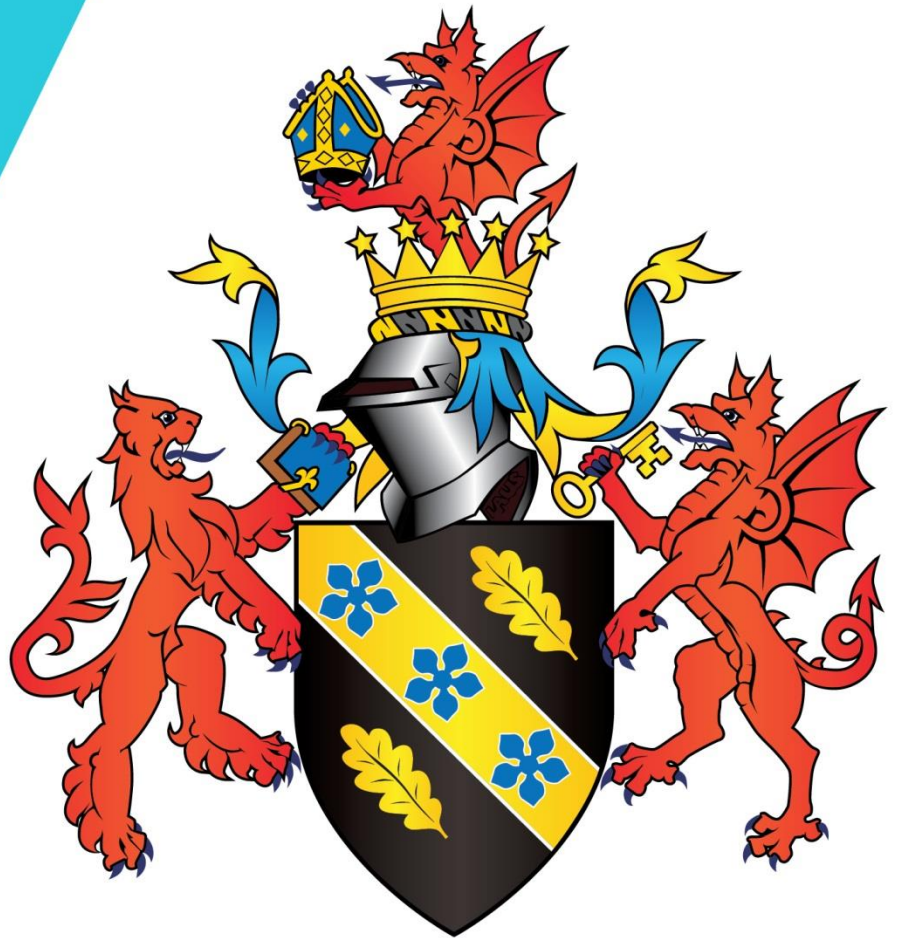




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Sports Industry Research Project
Literature Review

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A Mixed Ability model to improve people with disabilities lives.



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Aim and Objectives

1. Aim

A critical evaluation of the challenges and impacts on inclusivity sports faced by rugby clubs and participants whilst developing mixed ability rugby programme.

2. Objectives

- Assess different IMAS stakeholder motivations, perceptions and attitudes.
- Explore the impacts of the Mixed Ability Rugby on participants and clubs.
- Analyse the benefits that this new model can deliver on sports participation.



Literature review

Introduction

Over the last century, the opportunities and life chances for many disabled people has dramatically changed, particularly in the areas of health, education and employment (Fitzgerald, 2009). In large part, the political action influenced by human right advocates and disability activists has increased awareness of the oppression and inequalities that disabled people experience in social life (Haudenhuyse, 2017). Nevertheless, many disabled people remain discriminated, institutionalized, and continue to experience social exclusion (Richards and Sang, 2019; Haudenhuyse, 2017). According to the Eurostat (2015) there are approximately seventy-three million disabled people in Europe. The WR (2019) believes that inclusion must remain natural in order to preserve the values of rugby, hence, everyone should have the opportunity to play rugby regardless of their disability.

1. Disability and Sport

The United Nations Convention on the Rights of Persons with Disabilities describes disability as individuals long-term physical, intellectual, mental or sensory impairments, in which their interaction with other people is being hindered by environmental and attitudinal barriers that impede their effective, equal and full participation in society (CRPD, 2019). According to Roul, *et al.* (2015) and McMillan, *et al.* (2016) participating in physical activities and sports have positive effects for disabled people in achieving social and personal benefits like physical and mental health. Furthermore, Anderson (2009) argues that sports can facilitate socialisation, which is a fundamental aspect of identity development.



2. Sport and social inclusion

Social Inclusion in sports is essential for the well-being of people with intellectual and multiple disabilities (Devine, *et al.*, 2017), and a key aspect for the United Nations Convention on the rights of people with disabilities and the European commission (UN, 2019; EU 2010). Nevertheless, there is a lack of clarity of what social inclusion means, therefore, this restrains communication across key stakeholders (For example policy makers, families, disabled people and providers) (Clement and Bigby, 2009). Cameron (2006) argued that the focus is usually put on the deficits and problems of the “excluded” and as a consequence, social isolation rates on people with disabilities remains high (Bigby, 2008). Therefore, a definition of social inclusion could facilitate communication between different stakeholders within inclusive sports (Clement and Bigby, 2009). Consequently, Simplican *et al.* (2015) created a model of social inclusion focusing on two aspects which encompasses, interpersonal relationships and community participation (See figure 1). Research states that both are essential for social inclusion and fundamental to disabled people quality of life, hence they must overlap and interact together (Mcconkey and Collins, 2010; Fitzgerald, 2009; Asselt-Goverts, *et al.*, 2013; Simplican *et al.*, 2015).

2.1. Interpersonal relationships

Interpersonal relationships are a critical factor influencing the quality of life of disabled people (Mcvilly, *et al.*, 2006). Simplican *et al.* (2015) divides relationships into Category, Structure and Function (See figure 1).

2.1.1. Category

Category refers to people’s social network, including friends, family, staff and acquaintances (Simplican *et al.*, 2015). According to Asselt-Goverts, *et al.* (2013) and Perrotta (2010) it is one of the main beneficial characteristics of social inclusion. Mcvilly, *et al.* (2006) found that support



includes suggestions, advice and information to solve problems (Asselt-Goverts, *et al.*, 2013). In addition, according to Abbott and McConkey (2006) people with disabilities have reported the need of the three supports. But also, they should have control of their own lives in an independent way, with available choices in the community that make self-governance and control meaningful (Power, 2008). relationships met a diverse scope of practical and emotional needs, including honesty and trust within friendships, and feelings of loneliness when relationships are not developed. Furthermore, relationships with family, friends and professionals are perceived as an essential assistance and support to solve problems (Clarkson, R. *et al.*, 2009). In addition, for people with disabilities, access to work opportunities and activities which involve them in the community have a significant value (Chester *et al.*, 2019). For that reason, Phillips *et al.* (2014) argued that relationships are important for improving employment opportunities in disabled people.

2.1.2. Structure

Measuring the structural components of an individual's social network enables to the identification of a person's level of exclusion and inclusion (Simplican *et al.*, 2015). The structural characteristics of social networks can be seen as an essential aspect of the social capital (Ferlander, 2007). Asselt-Goverts, *et al.*, 2013 argued that structural characteristics can be measured as; the variety with regard to demographic characteristics because they provide understanding into the homogeneity or heterogeneity of the network; the accessibility because the geographical distance between disabled people and their social network, can contribute to social isolation; initiation of contact, the length of the relationship, origin of the relationship and frequency of contact provides information on the limitations and possibilities of the person within the network. In addition, reciprocity reduces the sense of marginalization, and provides successful social relationships (Cobigo, *et al.*, 2012). Moreover, structure is a key factor for the maintenance of supportive relationships over time (Ferlander, 2007).



1.1.1. Function

Relationships function provide different kinds of social support, which is divided into instrumental, emotional, and informational (Simplican, *et al.*, 2015). Instrumental support refers to practical help, emotional support involves trust, empathy and caring, which has positive impacts on health, especially mental health (Kendal *et al.*, 2017; Ferlander, 2007). Informational support includes suggestions, advice and information to solve problems (Asselt-Goverts, *et al.*, 2013). In addition, according to Abbott and McConkey (2006) people with disabilities have reported the need of the three supports. But also, they should have control of their own lives in an independent way, with available choices in the community that make self-governance and control meaningful (Power, 2008).

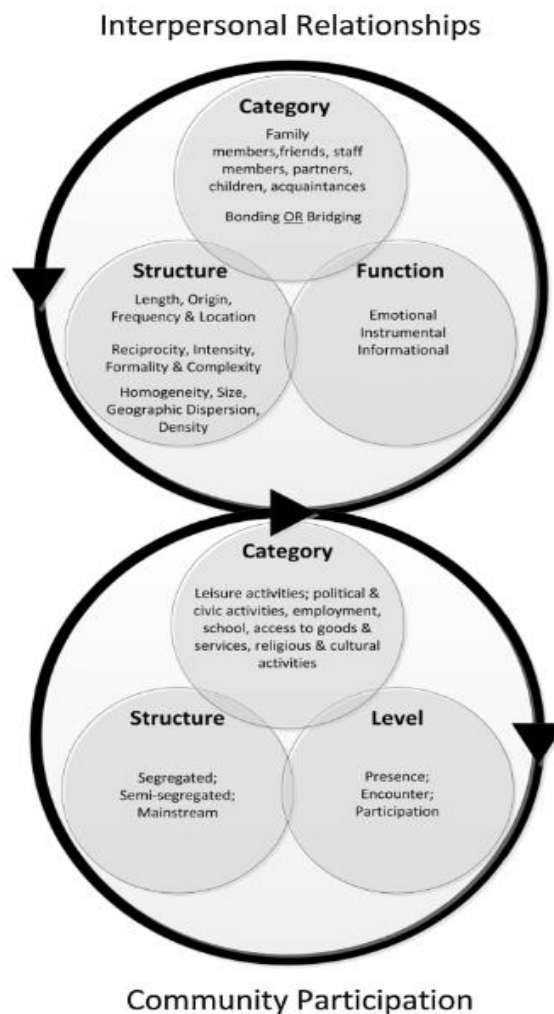


Figure 1 (Simplican *et al.*, 2015)



1.1. Community participation

Community participation is an essential dimension of human functioning and in an important aspect for people with disabilities social inclusion (Verdonschot, *et al.*, 2009). According to Hall and Hewson (2006) there is a positive association between social network size and the frequency of activities promotion in the community. Simplican, *et al.*, (2015) divided community participation into category, structure and level of involvement (See figure 1).

1.1.1. Category

Category involves community activities, such as sports, leisure activities, etc. (Verdonschot *et al.*, 2009). Sport opportunities for young people who experience disabilities are often inequitable and inadequate (Fitzgerald, 2009). Even within the context of social inclusion, Sport can present a site of exclusion for many people who experience disability (Haudenhuyse, 2017). Moreover, Mcvilly *et al.*, (2006) found loneliness among disabled people due to an insufficient social interaction in communities. Also, a research from Hall and Hewson (2006) states that 88% of disabled people went out of their homes less than once a day.

1.1.2. Structure

Community structure to participation can be divided into three categories: segregated, semi-segregated, and integrated settings (Simplican, *et al.*, 2015).

- Segregated: includes people with disabilities, paid staff, in segregated facilities, such as group separate fields, homes and workshops (Verdonschot, *et al.*, 2009). Segregated sports are based on untrue concepts of being a desirable and equitable context for people who experience disability (Fay and Wolff, 2009).



- Semi-segregated: Can be approached in two ways. Either by including only people with developmental and intellectual disabilities in community settings or by including community members in segregated facilities (Simplican, *et al.*, 2015).
- Integrated: Includes people with disabilities and non-disabilities participating in mainstream sports settings. In this structure, disabled people have the greatest opportunity to increase positive awareness about disability inclusion (Simplican, *et al.*, 2015). Nevertheless, integrated settings are not explicitly designed to include people with disability and although some find inclusion within this mainstream setting, exclusion and marginalization are also common (Spencer-Cavaliere, *et al.*, 2017). Furthermore, these activities are the most challenging as integrated settings are those which excluded people with disabilities (Power, 2008).

1.1.1. Level of involvement

Community degrees of people's involvement are presence, encounter, and participation (Simplican, *et al.*, 2015). Firstly, presence require the minimal involvement. Encounters are daily interactions within strangers, the environment in which the encounter takes place is an essential to influence its outcomes (Wiesel, *et al.*, 2013). Finally, participation is the involvement in community activities that encourage the development of interpersonal relationships (Simplican, *et al.*, 2013). According to Verdonshot *et al.*, (2009) this includes the opportunities to make choices; opportunities for autonomy; social support; environment of facilities; vocational services; family involvement; and positive staff attitudes.



2. Barriers to social inclusion

Inclusive sports have the necessity of challenging and identifying barriers to inclusive relations, practices and conditions (Barton and Armstrong, 2007). Barriers to social inclusion includes feelings of stigmatisation and social exposure to prejudice, physical access barriers and personal factors such as a lack of confidence and mental health difficulties (Van Asselt et al. 2015; Jahoda et al. 2010). Other barriers include travel problems, lack of time, inadequate support, lack of money, lack of employment, fear of going out, less friendship network and health problems (Abbott and Mcconkey, 2006; Roulton, *et al.*, 2015). For that reason, the EU (2010) identified several areas for accessibility, participation, equality, education and training, employment, health, social protection and external action (See appendix 1).

A study by Anaby, *et al.* (2015) demonstrates that participation in sports activities can increase by removing environmental barriers including social, physical, institutional, activity demands. Nevertheless, Lante, et al. (2014) argue that apart from environment barriers, other barriers also include the need of organizing, money, travel training, planning, communication and support to participate in sports activities. The Eurostat (2019) identified that 28.7 % of the EU population with disabilities were at risk of poverty or social exclusion, compared with 19.2 % of non-disabled people, and that without pensions, allowances or social benefits, 68% of people with disabilities would have been at risk of poverty. As a consequence of these barriers, people with disabilities are less committed to sports and therefore experience behaviours with more sedentary lifestyle, poorer mental and physical health and have poorer diets compared to people without disabilities (Lante, *et al.*, 2014). In addition, the inactivity brings about higher rates of obesity in people with disabilities, which links to a higher risk of hypertension, diabetes and cardiovascular disease (McGuire et al. 2007).



3. Creating a society fit for disabled people

As people with disabilities face numerous problems; discrimination, social exclusion, low income, prejudice (Lante, et al., 2014; Abbott and Mcconkey, 2006) and consequently provokes negative effects to their health and well-being (For example, obesity and diabetes) it is fundamental to create a society fit by getting disabled people active (HM Government, 2015). Often, disability sport is offered through segregated participation and provision, such as the Paralympics (IOC, 2019) and the Special Olympics (2019). Nevertheless, the UN Convention on the Rights of Persons with Disabilities Article 30 states that participation in sport should be a right for all individuals in equal conditions (UN, 2019). Reinforcing this, research by Peachey *et al.* (2013) suggested that connecting individuals from diverse backgrounds in sports empower attitudinal change to take place, and therefore contributes to the strengthening civil society engagement and activeness. Moreover, Chester, *et al.* (2019) argued that disabled people valued access to meaningful work and activity opportunities in equal basis as non-disabled people (Chester, *et al.*, 2019). Similarly, the innovative Mixed Ability (MA) model emerged introducing inclusive sports as an interaction between different groups to achieve these social impacts (Corazza and Dyer, 2017).

3.1. The Mix Ability (MA) model

The MA model promotes social inclusion through education, sport and advocacy by implementing the social model of disability (Dyer et al., 2019; Corazza and Dyer, 2017). This approach encourages social inclusion by integrating participants regardless from their ability into a mainstream sport setting at a local community level, playing non-adapted sports, with only minor adjustments (not adaptations) (Dyer, *et al.*, 2019). Therefore, it is different from other inclusive models that are reflected in the inclusion spectrum, being disability sport, separated, modified or parallel ways (See appendix 2) (Stevenson, 2009; Corazza and Dyer, 2017).



The model was created in 1995 by the Llanelli Warriors with the aim of giving people with disabilities the chance to experience integrated rugby (Bannon, 2019), rather than a segregated competition where athletes with disabilities only compete against other athletes with disabilities (like the Special Olympics or Paralympics) (Special Olympics 2019; IOC, 2019). Reinforcing this, Chester et al. (2019) argued that disabled people valued good communication, being treated as an equal partner within the team and having their unique perspective respected. MA is developed and performed by International Mixed Ability Sports (IMAS), which is a non-profit organisation (IMAS, 2019a). Their aim is to break down barriers, create a non-judgemental, safe and well-coming environment, by emphasising frequent, regular and sustainable activities, as well as club membership, self-determination and social interaction without excluding anyone (IMAS, 2019c; Corazza and Dyer, 2017). IMAS works with different stakeholders (See appendix 1) including national governing bodies (NGB's) around Italy, Spain, Argentina, England, Argentina and New Zealand and with National Health Services to inform practice and policy around sports (IMAS, 2019a; IMAS, 2019). Moreover, they deliver practical MA sports training and provision to organisations across sports, healthcare, disability and education sectors around diversity, inclusion and MA model (IMAS, 2019b). Two years ago, they created the Mixed Ability Rugby for All (MIXAR) programme to expand MA around Europe (MIXAR, 2018).

1.1.Evaluation of Mix Ability Rugby

Team sports are well known for various benefits: Respect, teamwork, solidarity, healthy competition, physical fitness, passion, self-awareness, strength and conditioning, integrity, character building, self-respect, strategy and enjoyment (Simon and Uddin, 2018). MA Rugby is especially good at enhancing some of these (Dyer *et al.*, 2019; WR, 2014). According to the WR (2019) a player should not participate in Mixed Gender teams once they reach the age of 15.



1.1.1. Risks

In MA rugby, participants play full contact with the World Rugby Laws without adaptation and with only minor adjustments (MIXAR, 2018). Notwithstanding, there is a controversy about what the WRU stands by MA in which they promote it as rugby contact level adapted to individual, this can be shown by using headguards/shorts with different colours or relayed verbally to opposition teams in a pre-match talk (WRU, 2019). On the other hand, IMAS (2019b) argued that is a non-adapted sport in which participants have the freedom to decide whether to assume the risks in playing full contact rugby, therefore they should understand the potential risks involved in rugby as accidents are inevitable. In the same way the IRFU (2018) and Scottish rugby (2017) support the same idea about MA. In addition, participants who often do not get this freedom, stated that they enjoyed MA Rugby because they played ‘simply rugby’, therefore this challenged the idea that disabled people shouldn’t be allowed to take risks, play contact sports or get injured (Corazza and Dyer, 2017). Participants acknowledged the risk of injury as something that can happen in life and as a decision they are entitled to make. Because delivering sport ‘safely’ does not mean that risk elements have to be eliminated (IMAS, 2019b). Nevertheless, WR (2015) states that in circumstances where the player may suffer an injury or illness the doctor of the Union requesting the player’s release, and the doctor of the Player’s Rugby Body or Club shall consult on the extent and nature of the illness or injury and determine whether the player is fit to participate in any rugby event.

1.1.1. Ability

As mention by Hay (2012) ability itself can be a cause of separation, comparison and differentiation, and therefore, could influence the degree that exclusion and inclusion sports play out. This aligns with the ways in which sports is culturally practiced, emphasizing dominance, excellence, and comparison between people which leads into separate “losers” and “winners” or people with better and worst abilities (Hay, 2012). Similarly, Fitzgerald (2009)



points out that within a competitive sports context player domination and marginalization could be justified. Therefore, segregated settings are necessary to support the participation of youth with impairments who were unable to 'keep up' in mainstream competitive sport. In contrast, MA sports welcome all types of skills and abilities (IMAS, 2019b). Sports is seen at a sense of affiliation rather than just a competitive element, because competition is not the absolute focus (Dyer, *et al.*, 2019). Corazza and Dyer (2017) argued that MA Sport setting more appealing to those returning to sport or those looking for social outcomes. Notwithstanding, competition is also an important element so that disabled people feel integrated as a normal rugby environment (Dyer, *et al.*, 2019).

1.1.2. Benefits

Recent research from Dyer *et al.* (2019) stated that individuals practicing MA reported physical health improvements such as increased mobility, fitness, strength, weight loss, improved skills and coordination. In addition, mental well-being is also perceived to be improved through, an increasement in self-empowerment, a sense of belonging, confidence, self-determination, and being part of something fun (Corazza and Dyer, 2017). Similarly, in a teaching background, mix ability groups apart of providing more equal opportunities, it encourages greater self-esteem and positive attitudes in school such as attainment increasement, social integration and cooperative behaviour to disabled people (Tereshchenko *et al.*, 2018).



4. Programme development in sport participation

Governments are advocated to provide appropriate training, instruction and more resources for the organisations, development and participation in disability sport in general and elite disability sport in particular (Misener and Darcy, 2014). Therefore, national sports federations play a key role cooperating with governments to undertake competences concerning to sports social, training and leisure purposes (Prieto and Paramio-Salcines, 2018). Consequently, the number of major international competitions for disabled athletes, regional and national competitions and recreational opportunities at a local level have increased in comparison with the last century (Flitzgerald, 2009). For example, among the major competitions for disabled people are the European Special Olympics and the Paralympics. Similarly, in 2015 IMAS created the International mixed ability rugby tournament (IMART) – the world cup for Mixed Ability clubs (IMAS, 2019d), and since 2016, Sport England (2019) has invested £162,000 into IMAS to expand the mixed ability model. According to Corazza and Dyer (2017) Sport programme development that address the whole dimension of social inclusion, will be likely to improve disabled people social networks and increased their social capital.

In order to succeed in programme development, collaborating within multiple sectors (e.g. education, sport, health and social agencies) to provide services for disabled people can be crucial in addressing barriers to social inclusion (Spaaij, 2013; Rossi *et al.*, 2014). Moreover, Cottingham *et al.* (2013) suggest that partnerships between different sectors was a main contributing factor to the programmes' success in achieving social inclusion and civic learning outcomes. In addition, disabled people are the key stakeholders in sport to promote inclusive development networks (Asselt-Goverts, *et al.*, 2013). For that reason, Devine *et al.* (2017) argues that for promoting social inclusion and engaging them in all aspects, programmes should determine resources and mechanisms to ensure people with disabilities can provide coordination and leadership of these networks, support organisational commitment and capacity. Another essential point for sport programmes is to integrated volunteers, leaders, mentors or other community members, which have a sustainable impact on social inclusion (Peachley, *et al.*, 2011).



5. Literature Conclusion

In conclusion, interpersonal relationships and community participation can be a measure to promote social inclusion and tackle the barriers mentioned. Therefore, to tackle social exclusion, inclusive development programmes in community involvement should increase and consequently enhance a person's social network and strength the interpersonal relationships (Simplican, *et al.*, 2015). Additionally, to engage disabled people through MA within the community is essential to engage strategic stakeholders such as governments, national sport federations, or other sectors such as education, sport, and health (Spaaij, 2013), but more importantly analyse their needs and wants (Asselt-Goverts, *et al.*, 2013).



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Appendices

1. Appendix 1 – EU strategy 2010-2020 for disabled people

Barriers	Strategy for Disabled People
Accessibility	- Create services and goods accessible - Promote the market of assistive devices
Participation	- Assure they enjoy all benefits of EU citizenship - Tackle barriers to provide equal participation in sports and leisure activities - Promote sports events
Equality	- Combat disability discrimination - Promote equal opportunities
Education and training	- Promote inclusive lifelong learning for students - Equal access to quality education to freely participate in fully society (e.g. sports activities) and therefore improve their quality of life
Employment	- Increase the participation in the labour market
Health	- Promote equal access to health services and related facilities
Social protection	- Combat against poverty and social exclusion
External action	- Promote the rights of people with disabilities with international development programmes

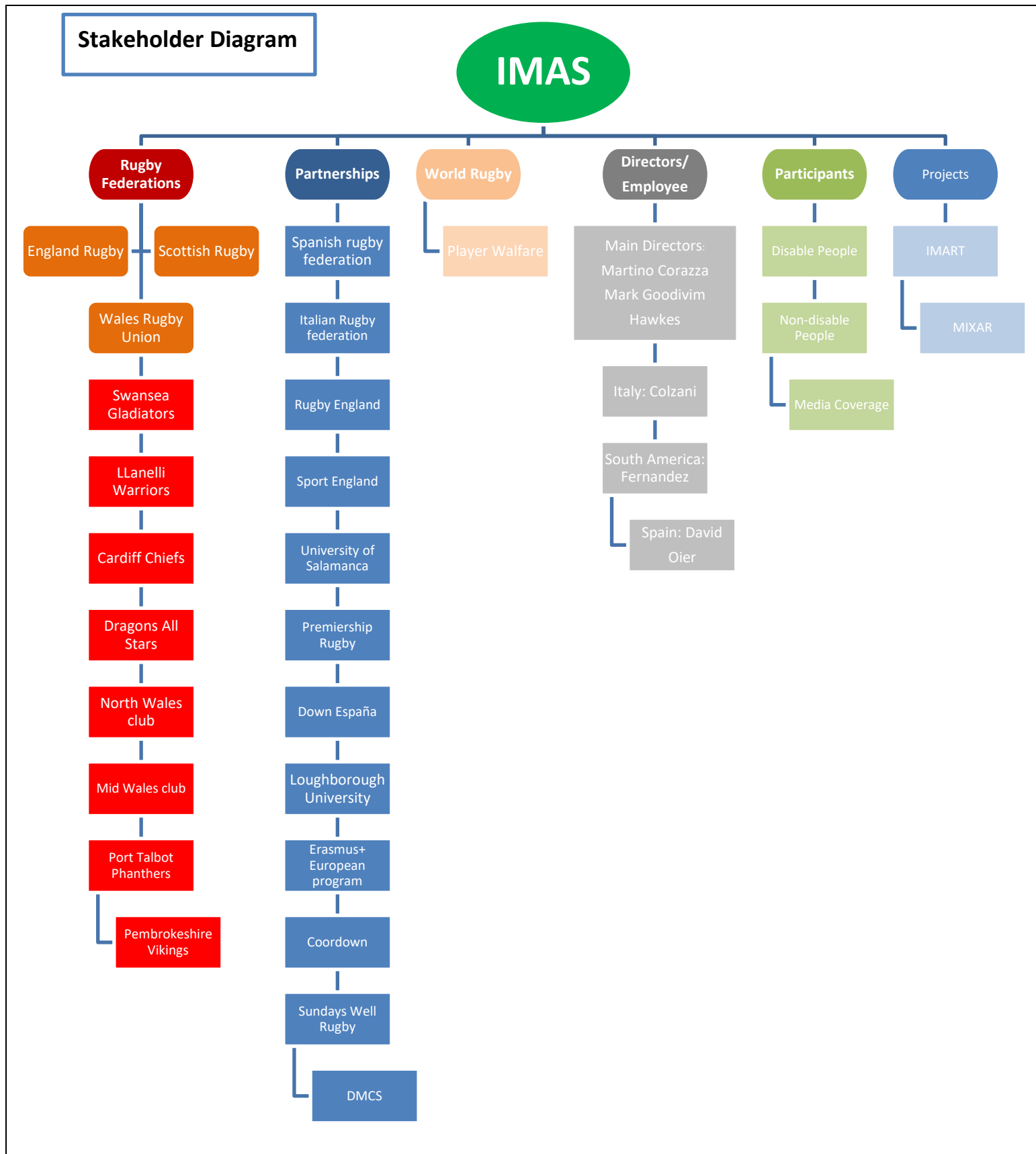


2. Appendix 2 – Types of disability sports models

Inclusion Spectrum	
Disability sport	- Non-disabled people playing disability sport - Sports that are an adaptability of mainstream sports - For example: Wheelchair basketball
Open	- Sports based on what participants can do so that it is fair to everyone - Cooperative and non-competitive environment - For example: By changing equipment
Modified	- Build on principles of open games but in another environment - Delivered in a modified way - For example: if a person finds it to challenging when another invades their space, constraints are used, like having his own space
Parallel	- Participants are grouped according to their ability (by levels)
Separate	- The individual or group does a different planned activity



3. Appendix 3 – IMAS Stakeholder diagram





Prifysgol Cymru
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Trinity Saint David

UWTSDSPORT

BA Sports Management
Portfolio

Literature Review